ISSUE SLIP STAPLE AREA (for additional cross references) ID NO. INITIALS **POSITION** DATE FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW BEST AVAILABLE COPY **INDEX OF CLAIMS** N Non-elected Rejected AllowedInterference A Appeal (Through numeral)... Canceled O Objected ÷ Restricted Claim Claim Date Date Date Claim Final Original Final Original

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)